

Health Resources and Services
Administration Maternal
and Child Health Bureau

Discretionary Grant Performance Measures

OMB No. 0915-0298

Expires: 06/30/2019

Attachment B

Part 1- Detail Sheets

OMB Clearance Package

The OMB control number for this project is 0915-0298. Public reporting burden for this collection of information is estimated to average 36 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.

Updated DGIS Performance Measures, Numbering by Domain (All Performance Measures are revised from 2012 OMB package)			
Performance Measure	New/Revised Measure	Prior PM Number (if applicable)	Topic
Core			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – MCH Outcomes
Capacity Building			
CB 1	New	N/A	State Capacity for Advancing the Health of MCH Populations
CB 4	Revised	5	Sustainability
CB 6	New	N/A	Products
Adolescent Health			
AH 3	New	N/A	Screening for Major Depressive Disorder

Core 1 Performance Measure	The percent of programs meeting the stated aims of their grant at the end of the current grant cycle
Goal: Grant Impact	
Level: Grantee	
Domain: Core	
GOAL	To ensure that planned grant impact was met.
MEASURE	The percent of MCHB funded projects meeting their stated objectives.
DEFINITION	Tier 1: Have you met the planned objectives as stated at the beginning of the grant cycle? <i>Prepopulated with the objectives from FOA:</i> <ul style="list-style-type: none">• Did you meet objective 1_____? Y/N• Did you meet objective 2_____? Y/N
BENCHMARK DATA SOURCES	N/A
GRANTEE DATA SOURCES	Grantee self-reported
SIGNIFICANCE	

Core 2 Performance Measure	The percent of programs engaging in quality improvement and through what means, and related outcomes.
Goal: Quality Improvement	
Level: Grantee	
Domain: Core	
GOAL	To measure quality improvement initiatives.
MEASURE	The percent of MCHB funded projects implementing quality improvement initiatives.
DEFINITION	<p>Tier 1: Are you implementing quality improvement (QI) initiatives in your program?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Tier 2: QI initiative:</p> <p>What type of QI structure do you have? (Check all that apply)</p> <p><input type="checkbox"/> Team established within a division, office, department, etc. of an organization to improve a process, policy, program, etc.</p> <p><input type="checkbox"/> Team within and across an organization focused on organizational improvement</p> <p><input type="checkbox"/> Cross sectorial collaborative across multiple organizations</p> <p>What types of aims are included in your QI initiative? (Check all that apply)</p> <p><input type="checkbox"/> Population health</p> <p><input type="checkbox"/> Improve service delivery (process or program)</p> <p><input type="checkbox"/> Improve client satisfaction/ outcomes</p> <p><input type="checkbox"/> Improve work flow</p> <p><input type="checkbox"/> Policy improvement</p> <p><input type="checkbox"/> Reducing variation or errors</p> <p>Tier 3: Implementation</p> <p>Are QI goals directly aligned with organization's strategic goals? Y/ N</p> <p>Has the QI team received training in QI? Y/N</p> <p>Do you have metrics to track improvement? Y/N</p> <p>Which methodology are you utilizing for quality improvement? (Check all that apply)</p> <p><input type="checkbox"/> Plan, Do, Study, Act Cycles</p> <p><input type="checkbox"/> Lean</p> <p><input type="checkbox"/> Six Sigma</p> <p><input type="checkbox"/> Other: _____</p> <p>Tier 4: What are the related outcomes?</p> <p>Is there data to support improvement in population health as a result of the QI activities? Y/N</p> <p>Is there data to support organizational improvement as a result of QI activities? Y/N</p> <p>Is there data to support improvement in cross sectorial collaboration as a result of QI activities? Y/N</p>
BENCHMARK DATA SOURCES	N/A
GRANTEE DATA SOURCES	Grantee self-reported.
SIGNIFICANCE	

Core 3 Performance Measure	The percent of programs promoting and/ or facilitating improving health equity.
Goal: Health Equity	
Level: Grantee	
Domain: Capacity Building	
GOAL	To ensure MCHB grantees have established specific aims related to improving health equity.
MEASURE	The percent of MCHB funded projects with specific measurable aims related to promoting health equity.
DEFINITION	<p>Tier 1: Are you promoting and/ or facilitating health equity in your program?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Tier 2: Please select within which of the following domains your program addresses health equity (check all that apply):</p> <p><input type="checkbox"/> Income</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity</p> <p><input type="checkbox"/> Language</p> <p><input type="checkbox"/> Socioeconomic Status</p> <p><input type="checkbox"/> Health Status</p> <p><input type="checkbox"/> Disability</p> <p><input type="checkbox"/> Sexual Orientation</p> <p><input type="checkbox"/> Sex</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Geography – Rural/ Urban</p> <p><input type="checkbox"/> Other: _____</p> <p>Tier 3: Implementation</p> <p>Has your program set stated goal/ objectives for health equity? Y/N</p> <p>If yes, what are those aims? _____</p> <p>Tier 4: What are the related outcomes?</p> <p>% of programs that met stated goals/ objectives around health equity</p> <p>Numerator: # of programs that met stated specific aims around health equity</p> <p>Denominator: # of programs that set specific aims around health equity</p> <p><i>* Health equity exists when challenges and barriers have been removed for those groups who experience greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.</i></p>
BENCHMARK DATA SOURCES	N/A
GRANTEE DATA SOURCES	Grantee self-reported.
SIGNIFICANCE	Health equity is achieved when every individual has the opportunity to attain his or her full health potential and no one is “disadvantaged from achieving this potential because of social position or socially determined consequences.” Achieving health equity is a top priority in the United States.

CB 1 Performance Measure

The percent of programs promoting and facilitating state capacity for advancing the health of MCH populations.

Goal: State capacity for advancing the health of MCH populations (for National programs)

Level: Grantee

Domain: Capacity Building

GOAL

To ensure adequate and increasing state capacity for advancing the health of MCH populations.

MEASURE

The percent of MCHB-funded projects of a national scale promoting and facilitating state capacity for advancing the health of MCH populations, and through what processes.

DEFINITION

Tier 1: Are you promoting and facilitating state capacity for advancing the health of MCH populations for _____'s* priority topic?

- ☐ Yes
- ☐ No

***prepopulated with program focus**

Tier 2: Through what activities are you promoting and facilitating state capacity for advancing the health of MCH populations?

- ☐ Delivery of training on program priority topic
- ☐ Support state strategic planning activities
- ☐ Serve as expert and champion on the priority topic
- ☐ Facilitate state level partnerships to advance priority topics
- ☐ Maintain consistent state-level staffing support for priority topic (State-level programs only)
- ☐ Collect data to track changes in prevalence of program priority issues
- ☐ Utilize available data to track changes in prevalence of program priority issue on national/ regional level
- ☐ Issue model standards of practice for use in the clinical setting

Tier 3: Implementation

- ☐ # of professionals trained on program priority topic
- ☐ How frequently are data collected and analyzed to monitor status and refine strategies?:
 - ☐ Less frequently than annually
 - ☐ Bi-annual
 - ☐ Quarterly
 - ☐ Monthly
- ☐ # of MOUs between State agencies addressing priority area
- # of State agencies/departments participating on priority area. This includes the following key state agencies (check all that apply):
 - ☐ Commissions/ Task Forces
 - ☐ MCH/CSHCN
 - ☐ Genetics
 - ☐ Newborn Screening
 - ☐ Early Hearing and Detection
 - ☐ EMSC
 - ☐ Oral Health
 - ☐ Developmental Disabilities
 - ☐ Medicaid

CB 1 Performance Measure

Goal: State capacity for advancing the health of MCH populations (for National programs)
Level: Grantee
Domain: Capacity Building

The percent of programs promoting and facilitating state capacity for advancing the health of MCH populations.

- ☐ Mental & Behavioral Health
- ☐ Housing
- ☐ Early Intervention/Head Start
- ☐ Education
- ☐ Child Care
- ☐ Juvenile Justice/Judicial System
- ☐ Foster Care/Adoption Agency
- ☐ Transportation
- ☐ Higher Education
- ☐ Law Enforcement
- ☐ Children's Cabinet
- ☐ Other (Specify_____)

- Have model standards of practice been established to increase integration of MCH priority issue into clinical setting? Y/N
- Development or identification of reimbursable services codes to cover delivery of clinical services on MCH priority topic? Y/N
- Inclusion of specific language in Medicaid managed care contracts to assure coverage of payment for clinical services on MCH priority topic? Y/N

Tier 4: What are the related outcomes in the reporting year?
(National Programs Only)

- % of state/ jurisdictions have a strategic plan on program priority topic
- % of states/ jurisdictions receiving training on this program topic
- % of states/ jurisdictions which have state FTEs designated for this MCH topic
- % of MCH programs have an identified state lead designated on this topic
- % of states/ jurisdictions utilizing reimbursable services codes to cover delivery of clinical services on MCH priority topic?
- % of states/jurisdictions which report progress on strategic plan goals and objectives?

BENCHMARK DATA SOURCES

N/A

GRANTEE DATA SOURCES

Grantee Self-Reported.

CB 4 Performance Measure Edited for clarity Goal: Sustainability Level: Grantee Domain: Capacity Building	The percent of MCHB funded initiatives working to promote sustainability of their programs or initiatives beyond the life of MCHB funding.
GOAL	To ensure sustainability of programs or initiatives over time, beyond the duration of MCHB funding.
MEASURE	The percent of MCHB funded initiatives working to promote sustainability of their programs or initiatives beyond the life of MCHB funding, and through what methods.
DEFINITION	<p>Tier 1: Are you addressing sustainability in your program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Tier 2: Through what processes/ mechanisms are you addressing sustainability?</p> <ul style="list-style-type: none"><input type="checkbox"/> A written sustainability plan is in place within two years of the MCHB award with goals, objectives, action steps, and timelines to monitor plan progress<input type="checkbox"/> Staff and leaders in the organization engage and build partnerships with consumers, and other key stakeholders in the community, in the early project planning, and I sustainability planning and implementation processes<input type="checkbox"/> There is support for the MCHB-funded program or initiative within the parent agency or organization, including from individuals with planning and decision making authority<input type="checkbox"/> There is an advisory group or a formal board that includes family, community and state partners, and other stakeholders who can leverage resources or otherwise help to sustain the successful aspects of the program or initiative<input type="checkbox"/> The program's successes and identification of needs are communicated within and outside the organization among partners and the public, using various internal communication, outreach, and marketing strategies<input type="checkbox"/> The grantee identified, actively sought out, and obtained other funding sources and in-kind resources to sustain the entire MCHB-funded program or initiative<input type="checkbox"/> Policies and procedures developed for the successful aspects of the program or initiative are incorporated into the parent or another organization's system of programs and services<input type="checkbox"/> The responsibilities for carrying out key successful aspects of the program or initiative have begun to be transferred to permanent staff positions in other ongoing programs or organizations<input type="checkbox"/> The grantee has secured financial or in-kind support from within the parent organization or external organizations to sustain the successful aspects of the MCHB-funded program or initiative<input type="checkbox"/>
BENCHMARK DATA SOURCES	N/A
GRANTEE DATA SOURCES	Grantee self-reported.

CB 4 Performance Measure
Edited for clarity
Goal: Sustainability
Level: Grantee
Domain: Capacity Building

The percent of MCHB funded initiatives working to promote sustainability of their programs or initiatives beyond the life of MCHB funding.

SIGNIFICANCE

In recognition of the increasing call for recipients of public funds to sustain their programs after initial funding ends, MCHB encourages grantees to work toward sustainability throughout their grant periods. A number of different terms and explanations have been used as operational components of sustainability. These components fall into four major categories, each emphasizing a distinct focal point as being at the heart of the sustainability process: (1) adherence to program principles and objectives, (2) organizational integration, (3) maintenance of health benefits, and (4) State or community capacity building. Specific recommended actions that can help grantees build toward each of these four sustainability components are included as the Tier 2 data elements for this measure.

CB 6 Performance Measure	The percent of programs supporting the development of informational products and through what means, and related outcomes.
Goal: Products Level: Grantee Domain: Capacity Building	
GOAL	To ensure supportive programming for the development of informational products.
MEASURE	The percent of MCHB funded projects supporting the development of informational products, and through what processes.
DEFINITION	<p>Tier 1: Are you creating products as part of your MCHB-supported program?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Tier 2: Indicate the categories of products that have been produced with grant support (either fully or partially) during the reporting period. <i>Count the original completed product, not each time it is disseminated or presented.</i></p> <p><input type="checkbox"/> Books <input type="checkbox"/> Book chapters <input type="checkbox"/> Reports and monographs (including policy briefs, best practice reports, white papers) <input type="checkbox"/> Conference presentations and posters presented <input type="checkbox"/> Web-based products (website, blogs, webinars, newsletters, distance learning modules, wikis, RSS feeds, social networking sites) <i>Excluding video/ audio products that are posted online post-production</i> <input type="checkbox"/> Audio/ Video products (podcasts, produced videos, video clips, CD-ROMs, CDs, or audio) <input type="checkbox"/> Press communications (TV/ Radio interviews, newspaper interviews, public service announcements, and editorial articles) <input type="checkbox"/> Newsletters (electronic or print) <input type="checkbox"/> Pamphlets, brochures, or fact sheets <input type="checkbox"/> Academic course development <input type="checkbox"/> Distance learning modules <input type="checkbox"/> Doctoral dissertations/ Master's theses <input type="checkbox"/> Other: _____</p> <p>Tier 3: Implementation of products # products created in each category</p>
GRANTEE DATA SOURCES	Grantee self-reported.
SIGNIFICANCE	Advancing the field of MCH based on evidence-based, field-tested quality products. Collection of the types of and dissemination of MCH products and publications is crucial for advancing the field. This PM addresses the production and quality of new informational resources created by grantees for families, professionals, other providers, and the public.

AH 3 Performance Measure
Edited for Accuracy
Goal: Screening for Major Depressive Disorder
Level: Grantee
Domain: Adolescent Health

The percent of programs promoting and/ or facilitating screening for major depressive disorder.

GOAL

To ensure supportive programming for screening for major depressive disorder.

MEASURE

The percent of MCHB funded projects promoting and/ or facilitating screening for major depressive disorder for adolescents and through what processes.

Tier 1: Are you promoting and/ or facilitating screening major depressive disorder for adolescents in your program?

- ☐ Yes
- ☐ No

Tier 2: Through what processes/ mechanisms are you addressing major depressive disorder?

- ☐ Technical Assistance
- ☐ Training
- ☐ Product Development
- ☐ Research/ Peer-reviewed publications
- ☐ Outreach/ Information Dissemination/ Education
- ☐ Tracking/ Surveillance
- ☐ Screening/ Assessment
- ☐ Referral/ care coordination
- ☐ Direct Service
- ☐ Quality improvement initiatives

Tier 3: How many are reached through those activities?

(Report in [Table 1: Activity Data Collection Form](#))

- # receiving TA
- # receiving training
- # products developed
- # peer-reviewed publications published
- # receiving information and education through outreach
- # receiving screening/ assessment training
- # referred/care coordinated
- # received direct service
- # participating in quality improvement initiatives % using fatality review data

DEFINITION

Tier 4: What are the related outcomes in the reporting year?

% of 12-17 year olds screened for MDD in the past year in community level or school health settings

Numerator: Adolescents involved with your program in the reporting year who were screened for MDD in a community-level or school health setting.

Denominator: Adolescents involved with your program in the reporting year.

% of adolescent well care visits that include screening for MDD

Numerator: Adolescents involved with your program in the reporting year that had a well-child that included a screening for MDD, in the reporting year.

Denominator: Adolescents involved with your program in the reporting year that had a well-child visit in the reporting year.

% of adolescents identified with a MDD that receive treatment

AH 3 Performance Measure
Edited for Accuracy
Goal: Screening for Major Depressive Disorder
Level: Grantee
Domain: Adolescent Health

The percent of programs promoting and/ or facilitating screening for major depressive disorder.

Numerator: Adolescents involved with your program identified as having an MDD that received treatment during the reporting year

Denominator: Adolescents involved with your program during the reporting year identified as having an MDD

% of adolescents with a MDD

Numerator: Adolescents involved with your program during the reporting year identified as having an MDD

Denominator: Adolescents involved with your program in the reporting year.

Age range of adolescents served: _____

BENCHMARK DATA SOURCES

Healthy People 2020, MHMD 11.2 – Increase the proportion of primary care physician office visits where youth aged 12 to 18 years are screened for depression (Baseline 2.1 in 2007, Target: 2.3%); Healthy People 2020 Objective MHMD-4.1. Percent of adolescents aged 12 to 17 years experienced a major depressive episode (Baseline: 8.3% in 2008, Target: 7.5%)

GRANTEE DATA SOURCES

Grantee Data Systems

SIGNIFICANCE

Major depression is becoming more and more common in the United States. Major depression entails interference with the ability to work, sleep, study, eat, and enjoy life. Screening for this disorder can identify individuals and effectively treat them.

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Health Resources and Services Administration
Maternal and Child Health Bureau

Discretionary Grant Performance Measures

OMB No. 0915-0298
Expires: 06/30/2019

Attachment C
Financial and Demographic Data Elements
OMB Clearance Package

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FORM 1
MCHB PROJECT BUDGET DETAILS FOR FY _____

1.	MCHB GRANT AWARD AMOUNT	\$ _____
2.	UNOBLIGATED BALANCE	\$ _____
3.	MATCHING FUNDS	\$ _____
	(Required: Yes [] No [] If yes, amount)	
	A. Local funds	\$ _____
	B. State funds	\$ _____
	C. Program Income	\$ _____
	D. Applicant/Grantee Funds	\$ _____
	E. Other funds: _____	\$ _____
4.	OTHER PROJECT FUNDS (Not included in 3 above)	\$ _____
	A. Local funds	\$ _____
	B. State funds	\$ _____
	C. Program Income (Clinical or Other)	\$ _____
	D. Applicant/Grantee Funds (includes in-kind)	\$ _____
	E. Other funds (including private sector, e.g., Foundations)	\$ _____
5.	TOTAL PROJECT FUNDS (Total lines 1 through 4)	\$ _____
6.	FEDERAL COLLABORATIVE FUNDS	\$ _____
	(Source(s) of additional Federal funds contributing to the project)	
	A. Other MCHB Funds (Do not repeat grant funds from Line 1)	
	1) Special Projects of Regional and National Significance (SPRANS)	\$ _____
	2) Community Integrated Service Systems (CISS)	\$ _____
	3) State Systems Development Initiative (SSDI)	\$ _____
	4) Healthy Start	\$ _____
	5) Emergency Medical Services for Children (EMSC)	\$ _____
	6) Combating Autism Act Initiative	\$ _____
	7) Patient Protection and Affordable Care Act	\$ _____
	8) Universal Newborn Hearing Screening	\$ _____
	9) State Title V Block Grant	\$ _____
	10) Other: _____	\$ _____
	11) Other: _____	\$ _____
	12) Other: _____	\$ _____
	B. Other HRSA Funds	
	1) HIV/AIDS	\$ _____
	2) Primary Care	\$ _____
	3) Health Professions	\$ _____
	4) Other: _____	\$ _____
	5) Other: _____	\$ _____
	6) Other: _____	\$ _____
	C. Other Federal Funds	
	1) Center for Medicare and Medicaid Services (CMS)	\$ _____
	2) Supplemental Security Income (SSI)	\$ _____
	3) Agriculture (WIC/other)	\$ _____
	4) Administration for Children and Families (ACF)	\$ _____
	5) Centers for Disease Control and Prevention (CDC)	\$ _____
	6) Substance Abuse and Mental Health Services Administration (SAMHSA)	\$ _____
	7) National Institutes of Health (NIH)	\$ _____
	8) Education	\$ _____
	9) Bioterrorism	\$ _____
	10) Other: _____	\$ _____
	11) Other: _____	\$ _____
	12) Other: _____	\$ _____

7. TOTAL COLLABORATIVE FEDERAL FUNDS

\$

INSTRUCTIONS FOR COMPLETION OF FORM 1
MCH BUDGET DETAILS FOR FY _____

- Line 1. Enter the amount of the Federal MCHB grant award for this project.
- Line 2. Enter the amount of carryover (e.g, unobligated balance) from the previous year's award, if any. New awards do not enter data in this field, since new awards will not have a carryover balance.
- Line 3. If matching funds are required for this grant program list the amounts by source on lines 3A through 3E as appropriate. Where appropriate, include the dollar value of in-kind contributions.
- Line 4. Enter the amount of other funds received for the project, by source on Lines 4A through 4E, specifying amounts from each source. Also include the dollar value of in-kind contributions.
- Line 5. Displays the sum of lines 1 through 4.
- Line 6. Enter the amount of other Federal funds received on the appropriate lines (A.1 through C.12) **other** than the MCHB grant award for the project. Such funds would include those from other Departments, other components of the Department of Health and Human Services, or other MCHB grants or contracts.
- Line 6C.1. Enter only project funds from the Center for Medicare and Medicaid Services. Exclude Medicaid reimbursement, which is considered Program Income and should be included on Line 3C or 4C.
- If lines 6A.8-10, 6B .4-6, or 6C.10-12 are utilized, specify the source(s) of the funds in the order of the amount provided, starting with the source of the most funds. .
- Line 7. Displays the sum of lines in 6A.1 through 6C.12.

FORM 2

PROJECT FUNDING PROFILE

	<u>FY</u> _____	<u>FY</u> _____	<u>FY</u> _____	<u>FY</u> _____	<u>FY</u> _____	<u>FY</u> _____	<u>FY</u> _____	<u>FY</u> _____	<u>FY</u> _____	<u>FY</u> _____
	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>
1 <u>MCHB Grant</u> <u>Award Amount</u> <i>Line 1, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2 <u>Unobligated</u> <u>Balance</u> <i>Line 2, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3 <u>Matching Funds</u> <u>(If required)</u> <i>Line 3, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4 <u>Other Project</u> <u>Funds</u> <i>Line 4, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5 <u>Total Project</u> <u>Funds</u> <i>Line 5, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
6 <u>Total Federal</u> <u>Collaborative</u> <u>Funds</u> <i>Line 7, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**INSTRUCTIONS FOR THE COMPLETION OF FORM 2
PROJECT FUNDING PROFILE**

Instructions:

Complete all required data cells. If an actual number is not available, use an estimate. Explain all estimates in a note.

The form is intended to provide funding data at a glance on the estimated budgeted amounts and actual expended amounts of an MCH project.

For each fiscal year, the data in the columns labeled Budgeted on this form are to contain the same figures that appear on the Application Face Sheet (for a non-competing continuation) or the Notice of Grant Award (for a performance report). The lines under the columns labeled Expended are to contain the actual amounts expended for each grant year that has been completed.

FORM 4

PROJECT BUDGET AND EXPENDITURES

By Types of Services

		FY _____		FY _____	
<u>TYPES OF SERVICES</u>		<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>
I.	<u>Direct Health Care Services</u> (Basic Health Services and Health Services for CSHCN.)	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
II.	<u>Enabling Services</u> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC and Education.)	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
III.	<u>Public Health Services and Systems</u> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research Systems of Care, and Information Syst Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
	<i>TOTAL</i>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
IV.		<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>

INSTRUCTIONS FOR THE COMPLETION OF FORM 4 PROJECT BUDGET AND EXPENDITURES BY TYPES OF SERVICES

Complete all required data cells for all years of the grant. If an actual number is not available, make an estimate. Please explain all estimates in a note. Administrative dollars should be allocated to the appropriate level(s) of the pyramid on lines I, II, III or IV. If an estimate of administrative funds use is necessary, one method would be to allocate those dollars to Lines I, II, III and IV at the same percentage as program dollars are allocated to Lines I through IV.

Note: Lines I, II and III are for projects providing services. If grant funds are used to build the infrastructure for direct care delivery, enabling or population-based services, these amounts should be reported in Line IV (i.e., building data collection capacity for newborn hearing screening).

Line I Direct Health Care Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Direct Health Care Services are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Line II Enabling Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Enabling Services allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

Line III Public Health Services and Systems - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Public Health Services and Systems include preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not. The other critical aspect of Public Health Services and Systems are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources such as health services standards/guidelines, training, data and planning systems. Examples

include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

Line V Total – Displays the total amounts for each column, budgeted for each year and expended for each year completed.

REVISED FORM 6
MATERNAL & CHILD HEALTH DISCRETIONARY GRANT
PROJECT ABSTRACT
FOR FY_____

PROJECT:_____

I. PROJECT IDENTIFIER INFORMATION

1. Project Title:
2. Project Number:
3. E-mail address:

II. BUDGET

1. MCHB Grant Award \$_____
- (Line 1, Form 2)
2. Unobligated Balance \$_____
- (Line 2, Form 2)
3. Matching Funds (if applicable) \$_____
- (Line 3, Form 2)
4. Other Project Funds \$_____
- (Line 4, Form 2)
5. Total Project Funds \$_____
- (Line 5, Form 2)

III. TYPE(S) OF SERVICE PROVIDED (Choose all that apply)

- ☐ Direct Services
☐ Enabling Services
☐ Public Health Services and Systems

IV. DOMAIN SERVICES ARE PROVIDED TO

- ☐ Maternal/ Women's' Health
☐ Perinatal/ Infant Health
☐ Child Health
☐ Children with Special Health Care Needs
☐ Adolescent Health
☐ Life Course/ All Population Domains
☐ Local/ State/ National Capacity Building

V. PROJECT DESCRIPTION OR EXPERIENCE TO DATE

- A. Project Description
1. Problem (in 50 words, maximum):

2. Aims and Key Activities: (List up to 5 major aims and key related activities for the project. These should reflect the aims from the FOA, also these will be used for Grant Impact measurement at the end of your grant period)

Aim 1:

Related Activity 1:

Related Activity 2:

Aim 2:

Related Activity 1:

Related Activity 2:

Aim 3:

Related Activity 1:

Related Activity 2:

Aim 4:

Related Activity 1:

Related Activity 2:

Aim 5:

Related Activity 1:

Related Activity 2:

3. Specify the primary *Healthy People 2020* objectives(s) (up to three) which this project addresses:

- a.
- b.
- c.

4. Coordination (List the State, local health agencies or other organizations involved in the project and their roles)
5. Evaluation (briefly describe the methods which will be used to determine whether process and outcome objectives are met, be sure to tie to evaluation from FOA.)
6. Quality Improvement Activities

B. Continuing Grants ONLY

1. Experience to Date (For continuing projects ONLY):
2. Website URL and annual number of hits
 - a. _____Number of web hits
 - b. _____Number of unique visitors

VI. KEY WORDS

VII. ANNOTATION

REVISED INSTRUCTIONS FOR THE COMPLETION OF FORM 6 PROJECT ABSTRACT

NOTE: All information provided should fit into the space provided in the form. The completed form should be no more than 3 pages in length. Where information has previously been entered in forms 1 through 5, the information will automatically be transferred electronically to the appropriate place on this form.

Section I – Project Identifier Information

Project Title: Displays the title for the project.

Project Number: Displays the number assigned to the project (e.g., the grant number)

E-mail address: Displays the electronic mail address of the project director

Section II – Budget - These figures will be transferred from Form 1, Lines 1 through 5.

Section III - Types of Services

Indicate which type(s) of services your project provides, checking all that apply.

Section IV – Program Description OR Current Status (DO NOT EXCEED THE SPACE PROVIDED)

- A. New Projects only are to complete the following items:
1. A brief description of the project and the problem it addresses, such as preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children; and services for Children with Special Health Care Needs.
 2. Provide up to 5 aims of the project, in priority order. Examples are: To reduce the barriers to the delivery of care for pregnant women, to reduce the infant mortality rate for minorities and “services or system development for children with special healthcare needs.” MCHB will capture annually every project’s top aims in an information system for comparison, tracking, and reporting purposes; you must list at least 1 and no more than 5 aims. For each goal, list the key related activities. The aims and activities must be specific and time limited (i.e. Aim 1: increase providers in area trained in providing quality well-child visits by 10% by 2017 through 1. trainings provided at state pediatric association and 2. on-site technical assistance).
 3. Displays the primary Healthy people 2020 goal(s) that the project addresses.
 4. Describe the programs and activities used to reach aims, and comment on innovation, cost, and other characteristics of the methodology, proposed or are being implemented. Lists with numbered items can be used in this section.
 5. Describe the coordination planned and carried out, in the space provided, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.
 6. Briefly describe the evaluation methods that will be used to assess the success of the project in attaining its aims and implementing activities.
- B. For continuing projects ONLY:
1. Provide a brief description of the major activities and accomplishments over the past year (not to exceed 200 words).
 2. If applicable, provide the number of hits by unique visitors to the website (or section of website) funded by MCHB for the past year.

Section V – Key Words

Provide up to 10 key words to describe the project, including populations served. Choose key words from the included list.

Section VI – Annotation

Provide a three- to five-sentence description of your project that identifies the project’s purpose, the needs and problems, which are addressed, the aims of the project, the related activities which will be used to meet the aims, and the materials, which will be developed.

FORM 7

DISCRETIONARY GRANT PROJECT SUMMARY DATA

- 1. Project Service Focus**
☐ Urban/Central City ☐ Suburban ☐ Metropolitan Area (city & suburbs)
☐ Rural ☐ Frontier ☐ Border (US-Mexico)

- 2. Project Scope**
☐ Local ☐ Multi-county ☐ State-wide
☐ Regional ☐ National

- 3. Grantee Organization Type**
☐ State Agency
☐ Community Government Agency
☐ School District
☐ University/Institution Of Higher Learning (Non-Hospital Based)
☐ Academic Medical Center
☐ Community-Based Non-Governmental Organization (Health Care)
☐ Community-Based Non-Governmental Organization (Non-Health Care)
☐ Professional Membership Organization (Individuals Constitute Its Membership)
☐ National Organization (Other Organizations Constitute Its Membership)
☐ National Organization (Non-Membership Based)
☐ Independent Research/Planning/Policy Organization
☐ Other _____

- 4. Project Infrastructure Focus** (from MCH Pyramid) if applicable
☐ Guidelines/Standards Development And Maintenance
☐ Policies And Programs Study And Analysis
☐ Synthesis Of Data And Information
☐ Translation Of Data And Information For Different Audiences
☐ Dissemination Of Information And Resources
☐ Quality Assurance
☐ Technical Assistance
☐ Training
☐ Systems Development
☐ Other

5. Demographic Characteristics of Project Participants

Indicate the service level:

<input type="checkbox"/>	Direct Health Care Services
<input type="checkbox"/>	Enabling Services
<input type="checkbox"/>	Public Health Services and Systems

	RACE (Indicate all that apply)									ETHNICITY			
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unrecorded	Total		Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total
Pregnant Women (All Ages)													
Infants <1 year													
Children 1 to 12 years													
Adolescents 12-18 years													
Young Adults 18-25 years													
CSHCN Infants <1 year													
CSHCN Children and Youth 1 to 25 years													
Women 25+ years													
Men 25+													
TOTALS													

6. Clients' Primary Language(s)

7. Population Served

- ☐ Homeless
- ☐ Incarcerated
- ☐ Severely Depressed
- ☐ Migrant Worker/Population
- ☐ Uninsured
- ☐ Adolescent Pregnancy
- ☐ Food Stamp Eligible
- ☐ Other

8. Resource/TA and Training Centers ONLY

Answer all that apply.

a. Characteristics of Primary Intended Audience(s)

- ☐ Providers/ Professionals
- ☐ Local/ Community partners
- ☐ Title V
- ☐ Other state agencies/ partners
- ☐ Regional
- ☐ National
- ☐ International

b. Number of Requests Received/Answered: _____/_____

c. Number of Continuing Education credits provided: _____

d. Number of Individuals/Participants Reached: _____

e. Number of Organizations Assisted: _____

f. Major Type of TA or Training Provided:

- ☐ continuing education courses,
- ☐ workshops,
- ☐ on-site assistance,
- ☐ distance learning classes
- ☐ one-on-one remote consultation
- ☐ other, Specify: _____

**INSTRUCTIONS FOR THE COMPLETION OF FORM 7
PROJECT SUMMARY**

Section 1 – Project Service Focus

Select all that apply

Section 2 – Project Scope

Choose the one that best applies to your project.

Section 3 – Grantee Organization Type

Choose the one that best applies to your organization.

Section 4 – Project Infrastructure Focus

If applicable, choose all that apply.

Section 5 – Demographic Characteristics of Project Participants

Indicate the service level for the grant program. Multiple selections may be made. Please fill in each of the cells as appropriate.

Direct Health Care Services are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

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Section 6 – Clients Primary Language(s)

Indicate which languages your clients speak as their primary language, other than English, for the data provided in Section 6. List up to three languages.

Section 7 – Check all population served

Section 8 – Resource/TA and Training Centers (Only)

Answer all that apply.

